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[For the Medical and Surgical Reporter.]

ROUGH NOTES

Of an Army Surgeon's experience during the Great Rebellion.

By J. THEODORE CALHOUN,

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No. 10.

GUNSHOT WOUNDS.

The subject of gunshot wounds has been so extensively written upon during the present war, and so many works have been issued from the press upon the subject, that it would seem but folly for me to attempt to enlighten the readers of the REPORTER upon the subject, yet I may be allowed to glance over some of the points more extensively treated upon by Guthrie, Longman or Hennere.

The youthful military surgeon upon his first battle-field will be struck with the fact that there is nothing like the difference in the wounds inflicted by the round and conical balls that he has been led to expect. That the minie or conical ball is much the more destructive, none will attempt to deny, yet in many cases the effects of the two varieties are so nearly similar, that it is difficult to distinguish between them.

Minie balls *do* glance as well as round balls although not as often. I have seen numerous instances of this, but a few of the more marked will suffice.

At Williamsburgh, private H—— of the 5th Excelsior regiment, received a gunshot wound of the arm, the ball entered on the outer aspect of the arm, and the finger traced the wound to the os brachii, and although that bone did not appear fractured or grooved, neither finger or probe could find further traces of the ball.

VOL. IX.—15 16

Two days after the wound we received the patient; he complained of difficulty in swallowing, and upon a close examination, the ball was found lying beneath the angle of the jaw. An incision was made and it was extracted. It proved to be a minie ball (cal. 69,) of the largest size.

At the same battle, Lieut. P—— received a minie ball wound of the arm. The ball entered the deltoid muscle and could not be found after diligent search. Several days thereafter, pain was experienced in the back, and by means of a proper incision a minie ball was exposed deeply imbedded in the muscles of the back. The subsequent history of this case showed that the scapula had been grooved by the ball in its passage.

I remember another case in which a ball entered the arm, struck the bone and ran around it and penetrated to the skin on the opposite side, when all traces of it became lost. In a few days, pleuritis with great pain and dyspnoea indicated that by some erratic course it had secured a lodgment in the cavity of the thorax. I regret that he passed from my care, and I know not the further history of the case. Of course the variety of ball in this case could not be ascertained positively, yet circumstances rendered it probable that it was a minie.

Yet these and others of similar description are exceptional cases. Too generally the conical bullet tears its way through muscle and bone alike, and with fearful effect. One of the peculiar effects of minie balls in striking long bones, is the tendency they have to *split the bone for several inches*. In dissecting a limb, the bone of which is fractured by the conical ball, the surgeon will be surprised to note the length of the fracture. Where the ball has passed through, the bone is much comminuted, and on either side it is split, in some rare cases I have seen, as much as four inches. This is one of the circumstances attendant upon fractures from ball which is rarely

dwelt upon, yet is a most important one to a surgeon in forming a prognosis.

The disorganization of tissue produced by a little conical bullet, is indeed wonderful. In dissecting some of the limbs I amputated, at the late battle of Fredericksburgh, I was curious enough to count the number of fragments of bone. Their average number was between twenty and thirty, while portions of the bone were ground to powder. These it is true were very bad cases, in which the worst effects of the ball were seen.

It is wonderful how patients will recover from some of these terrible wounds. I saw a case at Fair Oaks in which a ball entered the mouth, tore up the maxillary and malar bone in a fearful manner, and destroyed the eye, and yet the fellow got well in a short time. I have had patients of my own get well from terrible wounds, and have seen them die from the slightest. As a general rule, gunshot wounds of the cavity of the abdomen, thorax, or cranium, are fatal, yet frequently marked instances of recovery from such wounds are seen.

In wounds of the limbs I have observed that the ball either goes entirely through the limb, or is found just under the skin. It is the skin and fascia which affords to it the greater resistance. If it is going very rapidly, it goes directly through. If it is going quite slowly, it may only penetrate beneath the skin where it lodges, but if it has force enough to go further it will go through the limb and be found beneath the skin on the opposite side.

Gunshot wounds of the limbs therefore, may be divided into three classes.

1st. Where the ball just penetrates beneath the skin.

2d. Where the ball passes through the limb and lodges under the skin of the opposite side. These are by far the most frequent.

3d. Where the ball has passed entirely through the limb and has made its exit.

I should say that ninety-nine of a hundred ball wounds of limbs would be found to belong to one of these three varieties. Occasionally a ball lies deep in the muscles of a limb, or impressed in a bone, but these cases are very rare indeed, exceptional cases, which only prove the rule.

These facts would seem to prove that the integuments offer the chief resistance the ball has to overcome. In the first variety it over-

comes the resistance of that tissue, and in so doing, its force was expended, and it lodges where it enters. In the second variety it is going with greater force, and continues on its course passing through the muscles, and either running around or passing through the bone, until it again reaches the skin, and failing to penetrate it, it there lodges. The third variety is where none of the tissues offer resistance enough to it to check it in its progress.

It follows, then, that in examining a gunshot wound of a limb, if the finger (and the finger should be used in preference to the probe) fails to discover the ball lying in the wound, it should be looked for on the opposite side of the limb, and if it has not made its exit, it will usually be plainly discernible, forming a hard unyielding swelling which cannot be mistaken.

The ball found, it is to be extracted, and the first lesson to be learned in extracting balls is, to eschew as far as possible all use of the ball forceps. It is seldom that a pair of ball forceps is needed. Where the ball lies near the wound of entrance, generally all that is needed is, to squeeze the ball out of the wound it made, precisely as one would squeeze a grape pulp out of its skin. A little tact and common sense renders this frequently the simplest and best method of extracting the ball. But sometimes the ball is too firmly lodged. Don't touch the forceps yet. Take from your pocket case the grooved director with ear scoop attached. Introduce the scoop alongside and beneath the ball. Use the scoop as an extractor and as a lever, taking care not to make the edge of the wound the fulcrum, but making one of your fingers do that office, which with the fingers of the other hand, you so manipulate, as to assist the extractive efforts of your scoop. The ball is thus extracted in one half the time and with much less pain than if the forceps are used.

The ball forceps furnished in the U. S. Army cases, are the least adapted to meet the desired end of any instrument that could well be devised. They are in the first place so large that there are many ball wounds in which they cannot be introduced. In a wound large enough for their introduction, the ball must lie in some cavity larger than itself to enable them to grasp it, and then once grasped the fine points of the forceps are manifested. Nearly all of them are made with a loose joint, a joint so valuable in the obstetrical forceps in admitting of the easy coaptation of the

blades—but which can hardly be considered as of advantage in a ball forceps.

These forceps are seldom used in the army, and once used by a surgeon, are not apt to be used the second time. I have on several occasions witnessed a surgeon attempting to extract a ball with these forceps. I have seen him work and work, whilst the patient writhed and screamed, and he made no progress. Finally, discarding his preconceived notions, he fell back upon common sense and his fingers, and he was surprised to find how easily the ball came out.

In some cases, forceps are necessary. Often the dressing forceps of the pocket case will answer, but when they do not, the preferable variety is those where the blades of the forceps are long and thin, and terminate in "nicking" extremities, not unlike the extremities of the "bull dog" artery forceps. But I wish to impress upon the mind of the reader that in field surgery it is rarely, very rarely, that a pair of forceps is needed in the extraction of a bullet. In this, as in many other operations of surgery, the simplest means are the best. The fingers are the handiest (if the seeming pun may be excused,) and next to them comes the simple scoop. By these simple means I have never failed to extract the ball.

When fragments of shell are driven into a wound, or buttons, or fragments of canteen, or cartridge-box, or clothes, the dressing forceps are the preferable instrument, and not unfrequently the wound must be cautiously enlarged.

Where the ball lies under the skin on the opposite side from its aperture of entrance (as it does in the vast majority of cases,) an incision must be made to expose it. With the finger of one hand, make tense the integuments over the ball, with a sharp scalpel make a linear incision in the direction of the long diameter of the ball, and down to it. Make your incision long enough and deep enough. Don't cut an aperture half the size of the ball, and then enlarge it afterward. Do it all in one quick clean cut. The skin heals readily, and it doesn't hurt the patient to make one free incision half as much as it does to make two or three timid cuts. The ball once exposed will be extracted as before described.

In conclusion, then, the extraction of a ball is an easy or difficult matter just exactly as the surgeon brings his own common sense and reason to bear upon it, or follows blindly and unthinkingly the directions of the books. I am proud to

class the vast majority of the surgeons of this army as belonging to the former class.

A SELECTION OF REMARKABLE CASES OCCURRING IN A PRACTICE OF EIGHTEEN YEARS.

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(Continued from page 283.)

AN ABSCESS IN THE MUSCULAR WALLS OF AN UNIMPREGNATED UTERUS.

In April, 1854, I was called to visit Mrs. M. an American lady of this city, forty years of age; whose catamenial periods had, for several months, been irregular in recurrence and variable in quantity; a condition due, apparently, to the approaching decline of the menstrual function. For several years she had had, on the right side, a femoral hernia; which, originating during one of her labors, was poorly retained within the abdominal cavity by an ill-fitting truss. The intestine, which had been irreducible by her efforts for several days, was sensitive to the touch, and the centre of irradiating, lancinating pains. There was considerable sympathetic disturbance—loss of appetite—tympanitic abdomen—nausea—nervous irritability—a quickened though soft pulse—no active febrile movement, but rather, a proneness to perspiration with increased heat of the surface. There was tenderness over the hernial protrusion, which extended to the right iliac region; but there was neither tenderness or hardness observable in other parts of the abdomen. On careful inquiry, no symptoms pointing to the uterus as the seat of disease, were discoverable; excepting the fact, that, some two weeks before, the patient had wet her feet during the monthly flow, which was suddenly checked. Then she began to be troubled with flatulence and pain of a colicky nature, which seemed to centre around and above Poupart's ligament on the right side. Here the pain and soreness had now become seated, and were the chief subject of complaint.

On reducing the intestine, as was readily done, it was found to protrude again, though the patient did not rise from her bed. The truss she had been striving to wear being useless, after several days' delay, a new one was procured, which answered its purpose effectually; but still her symptoms, instead of improving, gradually assumed much greater severity. These, more typhoid in character, were attended with a pro-

fuse perspiration, and a pulse lacking force or volume, and gradually rising to 120 beats per minute. The bowels became permanently distended with gas; and the tenderness, extending from the right iliac region over the lower portion of the abdomen, was now most marked above the pubic bones, where a hardness and resiliency could be felt, as though the hand came in contact with an elastic incompressible substance. This was the enlarged womb, as was more accurately diagnosed by an examination through the vagina and rectum.

By the speculum the uterine neck was found to be puffy, of a pale color, and the os uteri more patulous than natural.

Such was our patient's condition during the third week of our attendance.

The treatment consisted internally of anodynes, antispasmodics, and laxatives; and externally of fomentations, leeches, and blisters.

The symptoms mentioned above continued into the fourth week, with increasing evidences of prostration, and the addition of occasional feelings of chilliness and trembling, and constant coldness of the extremities.

The treatment was changed for the tonic and stimulating.

On repeating the speculum examination, a small quantity of pus was seen to exude from the os tincæ; apparently, forced from the uterine cavity by the pressure of the instrument. This observation was verified on several of the days following. The pus increased in quantity for five or six days; then gradually diminished for about the same period; and, ultimately, disappeared in two weeks time. At first it was thick, yellow and laudable; but near the close, became bloody and sanious. Altogether there must have been from eight to ten ounces discharged; since, for several days, whenever the speculum was introduced, from four to six drachms of matter oozed from the os uteri; and, besides, at other times there was a constant dampness on the cloth applied to the external parts. As the pus was eliminated, the tenseness, distension and tenderness of the abdomen rapidly subsided; when the uterine globe, perfectly defined in its outline, was found to be nearly the size of the closed fist. The state of the uterus appeared much as it is after confinement; and its subsequent involution was equally rapid and perfect.

Notwithstanding the relief of the local suffering was most complete, the constitutional status

of our patient became each day more uncertain and eventually highly alarming—hectic, colliquative perspiration, a running feeble pulse, ranging from 130 to 140 per minute, and a prostration of the life-force so profound, as to warrant the most serious apprehensions in regard to the ultimate result. Nutrients, tonics and stimulants were pushed with redoubled assiduity, and though the contest seemed doubtful for a time; eventually, our efforts were crowned with success. The patient, convalescent in ten weeks, regained her wonted health in the two following months. The uterus returned to its normal condition and there were no remaining pelvic disorders to remind her of this long and dangerous illness.

This case, from its extreme rarity, merits a careful study. Very few practitioners, however broad their field of observation, have ever met with an instance analogous to this; and, though solitary cases have been published, most systematic writers do not, even in name, allude to such a disease. Examples of it are to be found detailed in the works of Mauriceau, Van Swieten, La Motte, Ashwell and Scanzoni, but none, more remarkable or better defined, than the one just related.

Commentary.

In our patient, (if we may be allowed to interpret the phenomena presented,) the sudden check to the menses caused a congestion of the uterus; which taking place at the climacteric period, when the function of the organ was declining, and the power to resist morbid agencies was less potent, resulted in a permanent stasis of blood. This continuing several days, though manifesting itself only by gradually increasing sympathetic disorders, eventually resulted in a circumscribed inflammation in the muscular walls of the womb. This inflammation went on to suppuration; and, undoubtedly, the steps of the process were identical with those that occur in the formation of a phlegmonous abscess in any other portion of the body.

This abscess instead of rupturing into the peritoneum, rectum or bladder, fortunately discharged its contents into the uterine cavity; whence there was a free exit, that allowed the womb to subside and the walls of the abscess to coalesce and close. That its location was either in the fundus or body of the uterus was made out by palpation of the abdomen, and by the touch through the vagina and rectum. It did not implicate the neck; this being neither in-

flamed, tender, congested, or much swollen; nor was the pus formed in the cavity, since the patulous state of the os forbid its retention in any quantity. The body and fundus of the uterus, uniformly enlarged as in pregnancy, subsided rapidly, in volume on the supervention of suppuration; when the patient alone suffered from those typhoid symptoms, that always follow the discharge of large, deep-seated abscesses. That this was the sole lesion was shown by the return of the womb to its normal condition, and the lack of any remaining pelvic disorders or even painful sensations. Probably the peritoneal inflammation was slight and localized; and, scarcely, could there have been an affection of the uterine veins, since phlegmasia dolens or pyæmia would have almost surely followed.

With the consent of the husband, when the appearance of pus indicated the nature of this unique case, I availed myself of the counsel of my friend Prof. JAMES R. WOOD. I was more especially anxious to obtain his opinion in regard to the pathological changes that had taken place, and thus have my conclusions confirmed or disproved. The examination was gone over with great care and circumspection, and resulted in establishing to the satisfaction of us both, the views advocated above.

[To be continued.]

GUN-SHOT FRACTURE OF THE HUMERUS—SECONDARY HEMORRHAGE—PYÆMIA—DEATH.

By JOHN W. LODGE, M. D.,

Ass't Sur'n, U. S. A.

Sergeant GEORGE N. POWERS, Co. G, First Regiment Pennsylvania Reserves, a temperate, able-bodied man, aged twenty-seven years, was wounded at the battle of South Mountain, on the 17th of September, 1862, by a Minnie ball, at short range, producing a compound comminuted fracture of the lower portion of the upper third of the humerus, passing obliquely through all the structures of the arm. Very little hemorrhage followed the injury. The shock was considerable. The patient represents that for several days he suffered with much headache and vertigo, with an occasional chill and colliquative perspiration.

On the field the ordinary dressing for such a case was applied, and the soldier sent to the General Hospital at Frederick, Md., where he remained until able to travel, and was then sent

to Philadelphia and transferred to the hospital at Hestonville, on the 1st of October, 1862.

At first, after admission, he complained of the fatigue of the journey, that it had made his arm more painful, and increased his headache, which had continued almost uninterruptedly since the date of the injury. His health had begun to suffer from the general irritation occasioned by the wound, and from the purulent discharge which had become excessive and extremely fetid; he was anæmic and debilitated; his countenance of that inexpressible aspect, feeble and spectral, which is observable in patients convalescing from typhoid fever in its severe and more potent type. He complained of transient pains in various portions of his body, especially over the region of his kidneys. He had, evidently, some nephritic affection, probably nephralgia; the urine, with the exception of a higher specific gravity than usual, was normal. The tongue was moist and coated, the appetite comparatively good, the digestion feeble, his food undergoing a kind of fermentation, producing large quantities of gas, which troubled him exceedingly; the bowels were rather too frequent, but natural in consistency and color; the pulse was frequent (95) and somewhat feeble; he complained of much sleeplessness at night, and languor and debility during the day.

The wound, at the time of his admission, looked very unpromising; the edges had a pale, unhealthy appearance. Upon examination with the probe, several large pieces of detached, necrosed bone were detected, no fragments having, as yet, escaped or been removed. The continuity of the bone had been injured, apparently, to the extent of about three inches. The fingers of the injured arm were paralyzed, and limb cedematous.

Lint, wet with warm water and medicated with a solution of chlorinated soda, and the arm bandaged and laid in an easy position, a nourishing diet, milk punch, and quinine with opium, to allay pain and irritation were directed.

On the 3d of October, three days after admission, the general symptoms seemed rather improved; he was more cheerful and comfortable; he had passed more comfortable nights; had a better appetite, and complained less of his arm. He continued thus for several days, expressing himself as somewhat improved by the means taken for his relief; excepting his own

sensations, however, no positive improvement could be observed.

October 10th, he complained of being more feeble and exhausted, the effects of a copious night sweat the preceding night; pulse quite frequent and feeble; respiration excited; tongue covered with a clammy exudation; the countenance pale and dejected; the wound still discharging copiously of thin fetid pus, its edges surrounded by a dark erysipelatous hue; the neighboring lymphatics had become involved in the diseased action, being enlarged, red, and tender to the touch; their course to the axilla could readily be traced. Several small portions of bone being loose, and near the orifice, they were removed, the wound again dressed and the arm laid on a pillow. The nourishing diet and stimulants, with the addition of fifteen drops of the tincture of the chloride of iron, were directed to be continued.

The case presented no important variation up to the 20th, when his condition was evidently worse; he had passed a very restless night, during which an exhausting sweat had occurred; his pulse had become more feeble, countenance anxious, much headache, his general appearance that of greater prostration.

During the night of the 26th, a copious hemorrhage from the saphenous vein occurred, amounting to nearly six ounces before it could be arrested. This produced a rapid and alarming aggravation of the symptoms of prostration, followed in the course of twelve hours, by the unmistakable symptoms of purulent infection; the pulse became a mere frequent thrill, the tongue dry, the teeth and gums covered with sordes, respiration rapid, stupor, low delirium, subsultus tendinum, and diarrhoea ensued. The oedema of the arm, already mentioned, also increased, on account of the constriction necessary for gentle compression over the vein.

From this general and profound prostration it was impossible, by the most powerful stimulants, to arouse him. He died on the 31st of October, about six weeks after the injury had been received.

Post Mortem examination, made twelve hours after death: The affected arm only, being examined, revealed great comminution and displacement of the fragments of the portion of the bone involved in the fracture. About three inches of its continuity had been broken, and all the fragments, with the exception of three or

four small portions already referred to, were still retained, saturated in their unhealthy pus, from the decomposition of their structure, and the destruction of the surrounding tissues. The periosteum, over both of the fractured ends of the bone, was thickened and disorganized, and had the patient longer survived, much more of the bone must have eventually perished. The soft tissues, around the fracture and along the course of the ball, were infiltrated with pus, and in a soft, sloughing condition. The appearance of the cephalic vein did not indicate disease to a greater extent than the contiguous structures, that portion traversing the area of the injury, about five inches, suffered to the same extent as the other tissues. The portion which sloughed first, giving rise to the hemorrhage, was that portion nearest the subclavian; the rupture occurred just as the vein entered the diseased mass; a shapeless cord of vein remained attached to the sound portion above and below, not being entirely severed by the sloughing process. Beyond the wounded parts, it appeared perfectly healthy, no traces of inflammation being detected. There were no adhesions, no plastic deposits, as is usually the case in ordinary phlebitis. The lymphatic glands, as far as the axilla, were enlarged and indurated, with traces of the previous existence of inflammation. There had been in no portion of the wound any successful effort at repair; it appeared that almost immediately after the injury, unhealthy action had commenced, and continuing slowly until the termination of life. Upon first cutting into the part it was expected that portions of the dead bone would be found, as it were, attempting to escape, but no effort of this kind had been made; the fragments had been driven from the course of the ball and embedded in the surrounding structures, where they caused severe local disease, and eventually destroyed life by the absorption of one of its products.

This case is interesting and instructive for the following reasons:

1st. As another example in favor of immediate amputation after gun-shot fracture, with great comminution and displacement, occurring in the upper portion of the humerus.

2d. Amputation being rejected, the greater probability of success which must have followed an early resection of the bone, thus relieving the system of the irritating presence of the frag-

ments and part of the exhaustion from excessive suppuration.

3d. The entire absence of any effort on the part of the system to expel, as is usually the case, the loose portions of bone.

4th. The evidence afforded by the occurrence of inflammation of the chain of lymphatic glands, that a certain portion of pus *did* enter the circulation by that source, causing those premonitory symptoms of pyæmia which occurred just before the rupture of the vein.

5th. The rapid occurrence of the symptoms of fatal pyæmia which followed the opening of the vein, showing that sufficient pus had been mingled with its blood to cause speedy death when carried into the torrent of the circulation.

ILLUSTRATIONS OF HOSPITAL PRACTICE.

PHILADELPHIA HOSPITAL, }
January 7, 1862. }

CLINICAL SERVICE OF DR. DA COSTA.

Reported by Drs. Maury and Wood, Resident Physicians.

IRRITABILITY OF THE STOMACH.

The first case presented was K. M., a native of Ireland—single—aged 29. She came into the house on the 31st of December. Previously she had been sick for eighteen days. The prominent and troublesome symptom has been excessive irritability of the stomach, as witnessed in the constant nausea and vomiting. Her bowels are constipated. She has no fever, neither does pressure reveal epigastric tenderness. She has not menstruated for months. As to the treatment that she has received, we first purged her thoroughly. This afforded considerable relief, but still her vomiting and gastric distress continued. She was then ordered lime water and milk, $\bar{a}\bar{a}$ f3ss., every hour. But her symptoms did not yield till she was given one-sixth of a grain of opium, every two hours. We have in this case two points of special interest: first, as regards the history; secondly, the treatment. Let us now examine the history and symptoms, and decide whether the stomach is functionally or organically affected. Her tongue is clean, there is no epigastric tenderness, and she has not had fever. For these reasons we decide that there is no acute organic disease. Vomiting you all know is often a symptom of pregnancy. And our patient states that her courses have been absent for several months, but there are no other reasons to suspect that she is in that condition. Amenorrhœa is frequently closely connected with disorder of the stomach. We would urge on you the necessity of inquiring in cases like this of obstinate vomiting in women, as to the uterine functions.

As regards the treatment it is a good plan generally to commence by purgation; to unload the portal circulation, and thus relieve the stomach. You will also find lime water very useful. It is generally administered with equal portions of milk. Indeed, often the patient may live for a time almost exclusively on these. The action of opium as an antiemetic is not as well understood as it might be. Large doses undoubtedly derange the stomach, but in minute quantities it is one of the most certain of our remedies for irritability of this viscus, especially when inflammation is absent. Should opium have failed here we would have prescribed diluted sulphuric acid. If this too did not succeed, creasote in one or two drop doses would have been tried. In private practice iced champagne or iced brandy is often available. Had a furred tongue, high fever, and epigastric tenderness existed, these remedies would not have been so appropriate. In the vomiting of gastritis our confidence is placed in brisk purgation, leeches and blisters over the stomach, and in ice. The question now presents itself, ought we not to strike more at the root of the evil. Vomiting is merely a symptom. Hereafter we will examine more thoroughly the case, and if she is certainly not pregnant we will order for her,

R Pil. alæsii, gr. xij.
Pil. ferri. carb., gr. xxiv. M.
Ft. mass., in pil. xij. div.
S. One thrice daily.

ACUTE DYSENTERY.

Our next patient is R. M—, aged 36, a native of Ireland. She came into the wards only four days ago, but she had been sick two weeks. She had ten dark bloody slimy stools in the course of twenty-four hours. They were accompanied with great tenesmus. Fever was also present. She states that she passed before her entrance bloody matter, that the stools gave her no relief from the tormenting pains and bearing down sensations. There is therefore no doubt that she is laboring under an attack of acute dysentery. To diagnosticate dysentery—look at the stools! In this disease they are very small in quantity, frequent, and always contain blood and mucus. The latter giving them a slimy or often ropy appearance. With these we have always tormina and tenesmus; and the passages give no relief to the sufferer. In simple diarrhœa there is no blood, not much bearing down, no feeling of weight. The lower the inflammation is situated in the colon, the more marked are its distinctive characters. There may or may not be fever. Let us see if it is here present. Her tongue is coated with a slight yellowish fur. Her pulse is eighty-eight a minute. Her skin dryish, but not very hot. There is therefore some fever, though it does not run high. The difference between cases of dysentery in regard to this symptom is very striking. Sometimes the febrile pyrexia is very strongly pronounced, on the other hand

great prostration and almost collapse will be present. Between these extremes we have every variety. When this woman first came under our care she was purged with blue mass. Then she took

R Pil. hydrarg., gr. xij.
Pulv. opii, gr. iij.
Pulv. ipecac., gr. ij. M.

Ft. mass. in pil. xij. div.

S. One every two hours.

The mercury was called for by the state of the tongue, and given partly for its alterative effect. The opium to quiet the irritation. The ipecac. on account of its alterative influence on the alimentary mucous membrane. She improved somewhat under this regime, but not rapidly. Yesterday this treatment was changed for

R Pulv. opii, gr. iij.
Acid tannic., gr. ij. M.

Ft. mass. in pil. xij. div.

S. One every two hours.

She is now much more comfortable; the stools are losing their blood, and changing their nature. When dysentery is disappearing and the stools altering, you will derive great advantage from purgatives. In dysentery the bowels are constipated, not loose. The feces are retained and form round hard masses or scybalæ which are sources of irritation to the mucous membrane. Laxatives act directly by removing these, and also by unloading the portal circulation, and thus relieving the congested mucous coat.

Some practitioners purge from the beginning and throughout the disease. Rochelle salts largely administered form the basis of this treatment. But after an extended trial in this house we are not in favor of this practice. It is at the onset, or toward the close of the attack, when the stools are changing, that we recommend purgation.

JAUNDICE.

CASE I.—Our next patient is recovering from jaundice. His history is as follows: J. M., American, æt., 43, was admitted to the ward Dec. 4th. Jaundice appeared the day previously. His bowels were obstinately constipated; stools when passed, whitish. His stomach was very irritable. By order of Dr. LUDLOW (then on duty) he took a mercurial purge and was blistered over the liver. He was then given small doses of Pil. hydrarg., until his gums were slightly touched. He is now taking nitro-muriatic acid. Look at his tongue, it is very slightly coated. From his face you would scarcely know that he had jaundice. But examine his conjunctiva. That membrane first shows an excess of biliary elements in the blood. The hue of supra renal disease, of chlorosis, of many fevers, may simulate very closely that of jaundice. Nay, it may be almost impossible for you to make up your mind from the color of the skin. But the eye never deceives you. If it is icterode the case is without doubt one of jaundice. This patient's pulse is 90. He

is recovering very satisfactorily. We will now stop the nitro-muriatic acid, and order a pill every night, containing 4 grs. of blue mass., 1 gr. of ipecac., and 1 gr. of comp. extr. colocynth. His diet is restricted to farinaceous substances, and beef tea.

CASE II.—You can all see at a glance what is the matter with this man. He is laboring under well marked jaundice. The outlines of the history of his attack are as follows: J. M., born in Philadelphia, æt. 62. He entered the medical wards December 18th. But the jaundice dates back five weeks. Gastric irritability and obstinate constipation existed for three weeks before there was noticeable discoloration of the skin. His skin and eyes are now bright yellow; his tongue coated,—and the very substance of it yellowish, more strikingly so indeed than the fur. His body is every where of the same tint. His pulse is only 50. He still has great gastric irritability. You see pressure on the epigastrium gives him no uneasiness. His abdomen is distended with wind. A blister which had been placed over the region of the liver prevents us from examining its lower lobe. But the upper portion is increased—the percussion dullness extends to the fourth rib—whereas normally it ought not to rise above the fifth or sixth. If the liver is enlarged superiorly we always find it enlarged inferiorly and latterly. What is the cause of the very slow pulse? If it owing to the biliary elements circulating in the blood, acting as a poison; in many cases the heart often beats but forty times a minute; occasionally, even falling to thirty. Notice the all-pervading presence of these retained materials. There are here very large quantities of bile in the blood—there must be some preventive to its excretion. The indication is to relieve the blood of this foreign and poisonous material. The results of jaundice are often seen in stupor, etc., and the patient dies as certainly, if not relieved, as if you had administered a narcotic poison. The influence of retention of a very large quantity of bile is first seen in its depressing the heart—then brain symptoms often make their appearance. If you visit a patient like this and find him dull and heavy—beware! The hebetude of the morning may be coma by night. Purge such a one freely. Give him elaterium, or gamboge, or Croton oil—any thing you can place confidence in. Put a blister to the back of the neck. But remember the salvation of your patient consists in purgation. You want to unload the portal circulation, to free the blood from the load which is weighing down its life. Purgatives are also of use in ordinary cases of jaundice, either mercurials or salines. The latter are the safest. Often we may profitably combine them. We will order this man, pil. hydrarg. gr. viij., followed by potass. bitart. ʒi. We use this special saline, because it acts also on the kidneys, and thus has a tendency to eliminate through them. You see me here prescribing for the jaundice. It is after all only a symptom—it means only that there is an excess of biliary material in the blood.

We relieve it as a prominent and most important symptom. On what does it here depend? We think on engorgement of the liver, although the cause of the engorgement is not clear. We base the diagnosis principally on the history. The principal signs reveal only enlargement. That might depend on cancer, cysts, etc., but the history is not that of these lesions. Why is it not a case of inflammation? Because there is no fever. If you have fever, it is hepatitis—if not then it is congestion. The duration of this case too, favors the latter view. Acute hepatitis is generally very rapid in its course. It is very rare in this climate. I remember one case in this hospital, some time since, that proved fatal in eight days. In inflammation of this organ, we rarely have much enlargement. Now this case has lasted six weeks, and there is great enlargement. Why may it not be that the gall duct is obstructed by a calculus? Because there is no pain. The passage and impaction of a gall stone gives rise to horrid agony. The case, therefore, is, I think, one of considerable congestion of the liver. The application of the blister was made before the case came into our hands. Let us keep up the counter-irritation, whilst pursuing the treatment already mentioned.

MEDICAL SOCIETIES.

N. Y. PATHOLOGICAL SOCIETY, }
December, 1862. }

GUNSHOT WOUNDS.

Dr. BENNETT exhibited specimens of bone from the femur of a soldier wounded at the battle of Antietam. The ball entered the upper part of the middle third of the femur, and passed out some distance below. On carefully probing the sinus, several fragments of bone were discovered. There was not much swelling; the general condition was fair; the discharge not excessive; excision seemed to have a good chance of success. On cutting down he found the fragments overlapping, and excision of both ends was performed. A great number of fragments were removed.

Dr. D. S. CONANT exhibited a small portion of the upper part of the tibia, through which a ball had passed, entering anteriorly. He was wounded at the battle of Antietam, and the rebel surgeons had decided that amputation was not necessary. Dr. C. saw him a week after the injury when he was suffering considerably, and suspected that the popliteal artery might have been contused. Although the rebel surgeons had decided in consultation that amputation was not necessary, Dr. C. was of the opinion that the bone was shattered into the joint. Amputation was finally decided upon and performed, which operation is proved to have been justified by the results.

Dr. CONANT presented specimens from another soldier who had received a ball through the wrist, another through the elbow, and a third through the upper end of the humerus. The patient had already lost considerable blood. The axillary artery was ligatured and exsection performed at the shoulder joint. After the operation he seemed to revive.

Dr. CONANT also exsected the upper end of the humerus of another soldier, who had received a ball through the bone about three inches below the joint. When first seen, the patient was lying in a barn, and the limb was bound up in splints. There was no swelling. The rebel surgeons in this case advised amputation, but Dr. C. advised resection, which was decided upon. Ether was given; the bone laid bare; and found cracked up to the joint, but not into it. The operation was performed successfully.

Dr. CONANT stated in answer to an inquiry by Prof. CLARK, that the upper end of the lower fragment must "remain aloft," supported, however, by proper appliances. The forearm will become useful, the movements of the fingers remaining unimpaired; there will be slight flexion of the elbow and adduction of the arm.

Dr. E. KRACKOVIZER had removed four inches, but not so much as Dr. C. had done, with the results above mentioned.

Dr. MERRITT presented a knee-joint exhibiting a compound comminuted fracture, the result of a wound from a rifle ball. The injury was received June 27, at the battle of Chickahominy, the ball entering the anterior aspect of the knee just below the patella. He laid two days upon the battle-field and four weeks in a temporary hospital, during which time the wound was dressed with cold water, and was then taken to Fortress Monroe. His general condition was feeble, and although reduced in flesh, amputation was performed August 8, and he died August 15. It is singular that the patient should have survived so long with so extensive comminution, and that no surgeon should have discovered it sooner.

Dr. MERRITT stated that there was no eversion or inversion of the foot observed to lead to the suspicion of fracture of the knee.

Dr. H. B. SANDS mentioned the case of a soldier wounded on James Island, which came into the hospital several weeks after the injury was received. His general condition was good, and the fracture was not noticed for several days after his admission. Attention was first directed to the fracture by observing an eversion of the foot which led to an investigation. Chloroform was administered, and an extensive comminution found. Amputation was performed, but he subsequently died of dysentery.

Dr. D. S. CONANT stated that cold water was very generally used as a surgical dressing, both in our own and the Confederate hospitals, and he had observed that the flaps of amputate

limbs often slough off, owing as he thinks, to soaking them too much in water. He believed this application indicated when there was evidence of inflammation.

DIARRHŒA.

Prof. ALONZO CLARK exhibited specimens illustrating the soldier's diarrhœa. The first specimen represented the colon pretty thickly spotted with ulceration, the mucous membrane being scarcely thickened. In another specimen the lower portion of the large intestine was covered over with patches of lymph, which extended up about two feet. The small intestines were considerably reddened, partly by congestion, but much more from ecchymosis. In another case, the ulceration was not much marked. The small intestines were not ulcerated in any specimens he has seen. They have had at Bellevue Hospital in the last two months, 72 cases, these being the worst of those arriving at this port. Of these 23 have died, on whom 11 post-mortems have been made. Opportunity for examination was not granted in all cases. In 5 of these 11, no ulceration was found in any part; the mucous membrane was thinned as by an acid; congestion was abundant, not of an arborescent color, but of an ecchymosed appearance. Ulcers in one were near the rectum, again, only near the upper extremity. The ulcers vary in degree, but in none of them are they very numerous. Some of them presented spaces overspread with lymph matter. In these cases there was no ulceration, but the follicles presented dark spots giving a mottled appearance. The mesenteric glands are enlarged in all the cases. Peyer's patches are elevated and mottled over with dark spots, so that the mucous membrane presents a grayish appearance. The kidneys were larger than natural, and whitened. In one post-mortem they were loaded with oil globules; the urine of non-convalescents in no case contained albumen. When the specimens of urine came to be examined under the microscope, there were only two in which casts were not found. The absence of casts may sometimes be accounted for from the manner in which the examination is made. In all the bad cases casts were found but no albumen; thus, at least, one of the evidences of Bright's disease, may be constantly found in these cases. Of 5 convalescents 3 had casts. Of 6 convalescents examined quite recently, 2 contained albumen. There was rarely any œdema of the legs, and none of the hands in the bad cases, while 2 that are convalescent have been œdematous, though less so now than two weeks ago. Thus the relation of the diarrhœa to Bright's disease is pretty clearly established. If the disease of the intestines provokes the disease of the kidneys they are in the same condition as in pregnant women, or in children with scarlet fever. Thus, they may recover from Bright's disease after the disease which caused it has been removed. One of the cases was attacked with meningitis after being four weeks convalescent and died; there was

no marked change in the kidneys in this case. In one case the kidneys were considerably under size, and the fibrous portion increased; the cells were very granular; the immediate cause of death in this case was erysipelas of the head and face.

Almost all these patients were on active duty as soldiers when they were first attacked with diarrhœa. It increased from a mild attack, till they had sometimes as many as ten passages a day. They were first sent to Fortress Monroe, and from thence to this port, where they arrived in the month of October. Their appearance was that of extreme emaciation as in the last stage of tubercular consumption; circulation so feeble that pressure upon the surface with the fingers would leave a white mark, which would require some minutes for the blood to fill; voice like that of the collapse of cholera. The diarrhœa commonly stopped some days before they died, vomiting seeming to take its place; they would lie in bed indisposed to take notice of anything or to take food. In five cases there was ulceration of the cornea of the left eye, all of which were known to be fatal except one, which was removed from the hospital by his friends and has not been heard from. When they began to get better their hands would begin to warm, they would be disposed to take a little food; the diarrhœa would then return. The first attack was in one case attributed to eating green corn. This one died of erysipelas. The whole of the large intestine was ulcerated.

The treatment in the first place was per-nitrate of iron, ten drops, from four to six times a day, in connection with cod-liver oil; the latter, which was generally rejected, was soon altogether abandoned. The per-nitrate of iron was continued about three weeks. Soda and nux vomica were also tried, but met with no good success. Subnitrate of bismuth, two drachms in emulsion being thrown up the rectum and forcibly retained there, met with no better success. Opium alone was tried "and found wanting," and the treatment finally reverted to per-nitrate of iron and opium, where it now remains. Diet has been simple, such as baked apples, etc.; the bad effects of promiscuous diet has not been very marked, not more than two having died from indiscretions in eating.

Prof. CLARK stated in answer to a question by Dr. PEASLEE, that the ulceration of the cornea was in every case below the line of the pupil, and did not affect the sight; there was opacity and a little pouting out, and a considerable redness.

In answer to a question by Prof. FLINT, Prof. CLARK stated that there were no evidences of uræmia except dullness; in one case of mottled intestines, the kidneys weighed nine or ten ounces.

In answer to a question by Dr. CONNELLY, Prof. CLARK stated that the passages were thin, and of a greenish watery appearance—"like pea soup, but not so much so as to destroy one's appetite." The number of passages were from four to fourteen in twenty-four hours.

In answer to a question by Dr. CONANT, Prof. CLARK stated that there was nothing unusually

marked in the condition of the patients just before death, they preferred to lie on the left side, with the knees drawn up, bent forward, and with the bedclothes drawn over the head. In this condition, the action of the eyelids seemed natural up to the time of death, and the patient answered all questions asked.

In answer to a question by Dr. FINNELL, Prof. CLARK stated that the connection of the evidences of Bright's disease with this diarrhoea must appear from the improbability of as many as three out of five cases being found thus affected, had not the diarrhoea also been present. The absence of albumen in the urine is also worthy of peculiar notice.

STEATOMATOUS CYST UNDER THE TONGUE.

Prof. ALFRED C. POST presented a cyst and its contents, taken from beneath the mucous membrane under the tongue. It is interesting on account of the situation from which it was taken. He at first supposed it to be a ranula, but found it to be an encysted tumor filled with steatomatous matter, similar to that filling cysts found under the skin, as proved by critical examination made by Dr. H. B. SANDS. He is not aware of a cyst of this kind having been found in this situation before.

SEQUESTRUM FROM THIGH.

Prof. POST also presented a piece of sequestrum taken from the thigh of a lad ten years of age. He found the sequestrum partly protruding and no involucrum. It is interesting from the fact that so small a piece of dead bone should produce so much trouble for so long a period of time. There were two sinuses which had been discharging about two years. This operation is often postponed too long on account of the depth of the bone, and when thus delayed, it sometimes leads to erosion of the arteries and dangerous hemorrhage, which has been known to require amputation. In other cases great debility is the result. Dr. FINNELL thought the operation might be performed too soon. Prof. POST thought it better to operate too soon than too late. If there was difficulty in extracting the sequestrum, the involucrum could be chiselled away. He was called a few days since, to a girl ten years of age, who was suffering with an inflammation of the ear. A purulent discharge had already commenced. He prescribed a purge and a couple of leeches, which relieved the inflammation, and a substance soon after escaped large enough to fill up the entire meatus. The remarkable feature in this case is the fact that the patient had no knowledge of any substance having been introduced into the ear.

POISONING BY MORPHIA.

Dr. CONANT narrated a case of poisoning by morphia in which life was maintained for five hours, by artificial respiration. A child nine months old, had taken by mistake half a spoonful

of a solution of morphia, containing eight grains to the ounce, consequently had taken half a grain of morphia. When seen, the lips were perfectly blue, there was no pulse, and no perceptible movement of the heart. Artificial respiration was resorted to, and after five or ten minutes the heart could be heard beating, and soon afterward the child gasped for breath. He continued artificial respiration for an hour, and on suspending it a few minutes the child again stopped breathing, and every one pronounced it dead.

Some mucons was scraped from its throat with the finger, and respiration resumed with the former effect, and after five hours of this unintermitting artificial respiration, the child was first able to breathe on its own hook.

EDITORIAL DEPARTMENT.

PERISCOPE.

OSTEOMYELITIS SPONTANEA DIFFUSA.

By DR. TH. DEMME,

Lecturer on Surgery and Pathological Anatomy of the University of Bern.

Translated for the MEDICAL AND SURGICAL REPORTER

By PROF. LOUIS BAUER, M.D.

SECOND CASE.

Frederick Fry, æt. 25, farmer, was received on the 16th of November, 1854. Twelve years previously he had suffered from typhoid, and not yet recovered his former health. For some years, had suffered from rheumatism. A few days before his reception, he had greatly exerted himself by overwork, from which he derived intense pain in the right foot and knee-joint.

On the 14th of November, was attacked with a violent chill, which forced him to take his bed, but he could find no rest. The pains soon settled in the lower-third of the left thigh. Although there was no swelling, yet the pains continued so intense that his removal to the hospital became necessary. Next day he was placed upon an uncomfortable wagon, and for several hours was drawn over a rough road, which caused him excessive torture. He did not sleep during the next night; violent fever and increasing pain rapidly consumed his vital powers.

Present status.—Deep suffering expressed by countenance and posture; cheeks sunken, with hectic; temperature generally increased, but particularly so at the left thigh; pulse 110; respiration accelerated; skin dry. Complaints of violent pain chiefly in the lower part of left femur, from whence it diffuses toward the knee and leg. Inability to move the affected extremity with sensation of fracture. The lower-third of thigh exhibits a considerable swelling more prominent on the outer and inner side, hardly extending to the popliteal space. Integuments very tense and red. Distinct fluctuation, knee-joint unchanged. The glands at the groin intumesced, and veins greatly dilated. The femoral

artery pulsates strongly on left side. The pulsation of popliteal artery indistinct and of posterior tibial artery scarcely perceptible. The inflamed parts painted with tr. of iodine, surrounded by cotton batting and securely placed into a well-fitting splint. During the ensuing night, patient restless, and delirious; headache and repeated chills.

November 17th.—Patient seems to suffer more; fever increased; tongue thickly coated and dry; teeth covered with sordes; the swelling augmented toward the posterior circumference; the pain violent; tumefaction more distinctly defined; above and below there are hard divisions. Made an incision of five inches through the fascia, and withdrew a considerable quantity of tolerably good pus, mixed with oil globules; cleaned the wound with *aqua chlorinæ*. For some hours, patient seemed to be relieved, but the pain soon returned with renewed intensity.

November 18th.—During the night, violent fever, anxious dreams and delirium. He is much exhausted; large quantities of matter escape. The abscess is carefully cleaned; compresses saturated with *aqua plumbi* and opium; internally iron.

November 19th.—No change. The extremity again painted with iodine; the probe touches bare bone.

November 20th.—Swelling of the thigh continues behind, but otherwise collapsed. Knee-joint affected; passive motion and pressure causing no pain; patella raised.

November 21st.—Increasing collapse; made a counter incision at the lower and external side of the swelling; joint more distended; digital examination reveals detachment of the periosteum; surface of the bone unchanged; discharge abundant; careful cleansing; continuation of treatment.

November 22d.—At night increased pain; knee-joint undoubtedly contains pus. Thorough painting with iodine.

November 23d.—Fever diminished; local condition more satisfactory.

November 24th.—Patient had no sleep, on account of pain; knee-joint more distended; relaxation of the ligamentous apparatus, permitting lateral motion; the epiphysis of the tibia posteriorly displaced; fever toward evening more intense.

November 25th.—Lateral incisions into the articular cavity. Discharge of a large quantity of thin pus mixed with synovia; the articular cavity painted with iodine.

November 26th.—General condition better; free discharge from all openings.

November 29th.—Disease extends toward the tibia. In view of the general debility, amputation is decided upon.

December 1st.—Extremity removed at the middle of the thigh by circular operation; securing a healthy wound.

December 2d.—Patient had a refreshing sleep; fever almost abated, good appearance of the wound.

December 5th.—Granulation begins. General condition satisfactory.

December 10th.—Ligatures come away; appetite improving; rapid progress toward recovery.

December 12th.—On previous evening, patient had experienced some pain, which appeared to him to be in the knee-joint of the amputated extremity. During the night a violent chill ensued, lasting twenty minutes. The stump to-day unusually sensitive. The margins of the wound red and swollen; discharge ichorous; the inguinal glands again enlarged; temperature increased; pulse 130. Bowels loose; a light jaundice; countenance anxious. Stump painted with iodine. Quinine and opium internally.

December 13th.—Condition of wound improved; no chill; in the evening an abundant parenchymatous bleeding, arrested by *liquor ferri sesquichlor.*

December 14th.—Fever less; collapse greater. In the evening a moderate chill, followed by profuse perspiration continuing till next morning.

December 15th, and 16th.—No chills; deeper jaundice; diarrhoea continues despite of opium.

December 17th.—Extensive detachment of soft parts from the bone by ichorous infiltration; secondary abscess at the groin.

December 21st.—During the two previous days repeated chills, and yesterday sopor. This evening death. A few hours before, renewed hæmorrhage from stump, and during the few last days extensive diphtheritic ulceration of the gums, palatal arches and the pharynx.

Examination of the Amputated Extremity.—Inflammation of the soft parts tends to termination; everywhere luxuriant granulations, diminishing the suppurating cavities. Muscular tissue still cedematously infiltrated, partly of a bacoon-like appearance. Diffuse, ichoro-purulent periostitis prevails over the lower-third of the femur. Gangrenous rags detaching themselves from periosteum. Femur to a like extent bare, and necrosis. Pus in knee-joint. Two fistulous tracts lead from the joint toward the necrosed portion of the femur by perforating the external ligaments. The internal ligamentous apparatus in a state of maceration. No ulceration or sloughing of the articular cartilage of femur, and no perforation. The epiphysis of tibia loosened; dirty pale granulations luxuriate from the neighborhood of the intermediate disk.

Upon the longitudinal cut of the femur, its lower-third exhibits a caverno-porous condition. Besides sanguino-purulent infiltration, sanguino-ichorous collections between the black partitions of the still resisting bony system and dark coagula extending to the borders of epiphysis. Within the bursa of the popliteal muscle old and fluid blood. Head of tibia circumfluent with matter, showing likewise medullary granulations. In the midst of medullary cavity of tibia, vivid injection, cedema of connective tissue and thrombosis of veins. In some places puriform disorganization of coagula.

In the muscular veins of the femur, numbers of pus thrombi; in the popliteal and tibial

veins adherent coagula of orange color, with traces of fat.

Autopsy: (48 hours after death.) The soft tissues of the stump detached from the bone and infiltrated with ichorous material. Fistulous warts along the sheaths of vessels and nerve; considerable œdema in subcutaneous cellular tissue. Pus thrombi in venæ femoralis, fem. profunda, circumflexa and saphena. The larger thrombus, of v. femoralis excels by 1", the insertion of the saphena. Periosteum loose, dirty, hæmorrhagic, raised by coagula and collections of ichorous matter. A bony ring $4\frac{1}{2}$ " wide, necrosis, demarcated by dirty but luxuriant granulations. In groin, glandular abscess filled with ichor. Hip-joint healthy. In the right knee-joint, a sero-purulent effusion. Ecchymosis of synovial membrane, besides covered with superficial granulations. Ligamentous apparatus almost normal. In the medullary cavity of left femur diffused, disintegrating granulations with veno-thrombosis, and dissolving coagula. These change extends to the trochanter.

In the medullary cavity of the right femur about midway, was a hazelnut-sized extravasation, above the medulla. Thrombosis of the veins of the bone. Granulations commencing toward lower epiphysis. Thrombosis of femoral and deep muscular veins. In some places œdema, and in others, parenchymatous supuration. On the pleural lining of diaphragm (right) a saccated abscess with turbid and fetid material. The pleura ecchymotic, lightly covered with fibrinous deposits.

The lowest lobe of right lung retraced, hyperæmic and œdematous; at different places gangrenous hepatizations. In the rest of both lungs hæmorrhagic coagula.

Spleen adherent to diaphragm, considerably larger, firmer, and anæmic, exhibiting likewise, hæmorrhagic coagula partly dissolving in ichor. In the firm parenchyma of the enlarged *nutmeg liver*, an abscess $2\frac{1}{2}$ ctm. in circumference, containing fluid and decomposed material.

The abscess obviously formed by confluence of several smaller ones, because the trabecular tissue of the liver still preserved in the cavity. Into the abscess a thrombosed branch of hepatic veins opened, exhibiting also, purulent softening in midst of thrombus. The latter can be traced for some inches toward the vena cava, soft at its cardiac extremity, and firm toward the abscess.

Heart relaxed, otherwise normal. In branch of pulmonary artery a consistent white but slightly adhering thrombus.

[To be continued.]

Five Generations in one House.—The Hudson (N. Y.) *Star* states that on Tuesday, Dec. 16, there was a child born in Chatham, Columbia county, in a house where its mother, grandparents, great-grandparents, and great-great-grandmother are living; five generations under one roof—the great-great-grandmother being ninety-one years of age.

REVIEWS AND BOOK NOTICES.

The Action of Medicines in the System; Or, "On the Mode in which Therapeutic agents introduced into the Stomach produce their peculiar effects on the Animal Economy." Being the Prize Essay to which the Medical Society of London, awarded the Fothergillian Gold Medal in 1852. By FREDERICK WILLIAM HEADLAND, M. D., B. A., F. L. S., Licentiate of the Royal College of Physicians, etc. Fourth American Edition. Philadelphia: Lindsay & Blakiston, 1863, 8vo., pp. 448. Cloth, \$2.

This is a reprint of the third London Edition of this admirable work, issued in March, 1859. Medical critics have justly assigned it a conspicuous position in the literary record of therapeutic science. We need not, in the limited space at our command, dwell upon its philosophical merits. These have long since been recognized. Its value to the practitioner lies in the fact that it teaches him not only how much, but also how *little* we know with certainty of the action of many drugs upon the healthy and diseased economy.

In the first part of his work, Dr. HEADLAND examines critically the various classifications of medicines, which have been proposed at different times, and the opinions of authors respecting their actions. From the examination, carefully and impartially conducted, he concludes that it is impossible to account clearly for the actions of most medicines on mechanical or on chemical principles, that their influence must, for the most part, be vital in its nature—that it must be such as could only be exerted in the living body. Even then, he says, we are unable to fix upon any single rule or formula which shall be capable of accounting for the actions of all at once. So it seems that the only general explanation which we can offer of the *modus operandi* of medicines in the cure of diseases, is to say that they operate by various counteractions. This counteraction is distinct from contrary action; it may be direct or indirect, and it allows of any action in a medicine, tending to restore health, except in effect similar to the disease. Such a view was adopted by Dr. CULLEN, the well known Nosologist, who lectured at Edinburgh toward the close of the last century. He discarded all special and confined views of the operation of medicines, believing that they acted in many and various ways, all of which tended to the same end—to counteract the influence of the disorder.

"On such views," writes Dr. HEADLAND, "my own statements are based. I suppose that a disease in the blood is to be met by agents in the blood, which directly or indirectly counteract it there; that disorders generally temporary, which depend on nervous derangement, are to be benefited by remedies which affect the nerves; and in the same way that a laxity of muscular fibre, or a failure in a secretion, should be treated by agents which especially possess the property of restoring to a right condition such parts or functions."

The following propositions are laid down and ably maintained by the author in relation to the modes of action of therapeutic agents introduced into the stomach:

"1. That the great majority of medicines must obtain entry into the blood, or internal fluids of the body, before their action can be manifested.

"2. That the great majority of medicines are capable of solution in the gastric or intestinal secretions, and pass without material change, by a process of absorption through the coats of the stomach and intestines, to enter the capillaries of the portal system of veins.

"3. That those medicines which are completely insoluble in water, and in the gastric and intestinal juices, cannot gain entrance into the circulation.

"4. That some few remedial agents act locally on the mucous surface, either before absorption, or without being absorbed at all; that they are chiefly as follows: irritant emetics, irritant cathartics, and superficial stimulants, sedatives, and astringents.

"5. That the medicine, when in the blood, must permeate the mass of the circulation, so far as may be required to reach the parts on which it tends to act. That there are two possible exceptions to this rule, viz.: the production of sensation or pain at a distant point, and the production of muscular contraction at a distant point.

"6. That while in the blood the medicine may undergo changes, which in some cases may, in others may not, affect its influence. That these changes may be of combination, reconstruction or decomposition.

"7. That the first class of medicines called *Hæmatics*, act while in the blood, which they influence. That their action is permanent. That of these, some called *Restoratives*, act by supplying, or causing to be supplied, a material wanting, and may remain in the blood. That others, called *Catalytics*, act so as to counteract a morbid material or process, and must pass out of the body.

"8. That a second class of medicines, called *Neurotics*, act by passing from the blood to the nerves or nerve-centres, which they influence. That they are transitory in action. That of these some, called *Stimulants*, act so as to exalt nervous force, in general or in particular. That others, called *Narcotics*, act so as first to exalt nervous force, and then depress it, and have also special influence on the intellectual part of the brain. That others again, called *Sedatives*, act so as to depress nervous force, in general or in particular.

"9. That a third class of medicines, called *Astringents*, act by passing from the blood to muscular fibre, which they excite to contraction.

"10. That a fourth class of medicines, called *Eliminatives*, act by passing out of the blood through the glands, which they excite to the performance of their functions."

Willis's idea of a *Pharmaceutice Rationalis* is to a certain extent realized in the Essay before us, wherein the attempt is made, with commendable

ability, to exhibit Therapeutics in its scientific aspects, by showing the manner in which various physical agents, used by the physician in the treatment of disease, influence the vital actions, by modifying the great act of nutrition.

J. A. M.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 10, 16, '63.

SANITARY INTERESTS OF NEW YORK CITY.

We have before us the annual message of GEO. OPDYKE, Esq., the Mayor of New York, to the Aldermen and Councillors of that city. It suggests some topics of interest to our readers.

The sanitary arrangements of the metropolitan city of our country are of general interest. There is not a nook or corner of the land which has not an interest, direct or indirect, in the health of the great city of New York. It is the centre of an influence that reaches every village and hamlet in the land, and the same means that transport the products of its trade to them, may convey its diseases. Again, there are few extended neighborhoods in the country which have not personal connections with New York City, and which have not therefore a personal interest in its sanitary condition. A severe epidemic prevailing there, would excite fear and consternation throughout the whole country, and, in so far as these emotions predispose to disease, endanger the health of the country. What is true of New York is true of every large city, making due allowance for the extent of its connections with other parts of the country.

In this view of the case, the whole country has an interest in anything that relates to the sanitary welfare of our large cities, and particularly of New York. A bill has been pending in the Legislature of that State for several years, intended to give to the city an adequate Health Law. The "Metropolitan Health Bill" is an elaborate, carefully drawn instrument, intended to secure a law which would be alike creditable to the state, the city and its originators, and

which is well calculated to meet the wants of that city and the country. But the curses of our country—rum and politics—have hitherto prevented favorable action on it. It contemplates a radical change in the management of everything that relates to the public health in that sadly mis-governed city. As a consequence many men now in office would lose their places, and give way to a different class. The bitter opposition of these men is therefore enlisted, and money and influence are both freely used to defeat the law. Added to this is the whole "rum interest," and that, in so large a city, is exceedingly influential.

But we will proceed to a consideration of such points in Mayor OPDYKE's message as challenge comment in our pages.

The sanitary interests of New York are confided to a Board of Health, consisting of the Mayor and Common Council, and to a Board of Commissioners of Health, consisting of the Mayor, the City Inspector, the Presidents of both Boards of the Common Council, the Health officer, the Resident Physician and Health Commissioner. Of this large body of men, three only are physicians. All the rest may be laymen, but worse than that politicians, and as much out of place on a Board of Health as a monkey in a china shop. However, the Mayor and Common Councils have not acted as a Board of Health for over two years, and the sanitary interests of the city have been practically in the hands of the Commissioners of Health, consisting of seven men—three of whom are physicians.

In March last the Board memorialized the legislature for the passage of a law for compulsory vaccination, but failed to obtain it. It is claimed, however, that much good was accomplished by the memorial, thirteen thousand five hundred copies of which were distributed among the medical profession, public institutions, officials, and bodies, not only in New York, but throughout the country, resulting in stimulating

vaccination, and sensibly diminishing the frequency of cases of small-pox. This document was drawn up by Dr. LEWIS A. SAYRE, the Resident Physician. The Mayor refers to the prevalence of yellow fever during the summer in many West Indian and other ports having intimate relations with New York, and the escape of New York and Brooklyn from the ravages of the disease is attributed to the strict enforcement of the quarantine regulations. The Mayor says:—

"The number of cases of yellow fever which occurred on vessels arriving at this port, either in their ports of departure or on the passage, was 916. On these vessels there were 445 deaths, eighteen of which occurred on or subsequent to arrival at this port. Forty-four cases were admitted into the hospital for yellow fever patients at Quarantine, and of these eighteen died. No cases of yellow fever have occurred among the employees on the hospital ship, or at the Quarantine establishment during the last four years."

The Mayor attributes the absence of yellow fever from the principal cities of the South the past year, to non-intercourse with the West Indies in consequence of the blockade of these ports. Key West, and Wilmington, N. C., both suffered from yellow fever, and both had communication with the West Indies. The report of the City Inspector shows a favorable state of the public health for the year, the aggregate mortality being 21,244, against 22,117 for the previous year. The mortality of 1862 was increased by the addition of a large number of sick and wounded volunteers who died in the Government hospitals. But, on the other hand—and the Mayor seems to overlook this—it was diminished by the mortality incident to 80,000 men who, he claims, enlisted in the army from New York City.

The Mayor admits that the Health Department of the city is susceptible of improvement by reconstruction. Much to the surprise of the friends of sanitary reform, the Metropolitan Health Bill was vigorously opposed when before the legislature last winter, by Mayor OPDYKE

The reasons for his course are referred to in the following paragraph :

"The Metropolitan Health Bill, which was strongly pressed upon the favorable consideration of the last Legislature seemed to me to embrace some highly objectionable provisions. It proposed to take the whole matter, including the sweeping of the streets, out of the hands of the people of this City and their immediate representatives, and to place it in charge of a State Commission, appointed by and with the advice and consent of the Senate. This appears to me to have been an improper interference with our municipal rights, and rendered the bill sufficiently obnoxious on that ground alone. but it was in many other respects so imperfect that I regard its failure to become a law as most fortunate for the City."

We respectfully submit whether it would not have been better to secure a Health Bill, and if it really possessed objectionable features, remove them afterwards.

Attention is called to the deficient sewerage of the city; also to the filthy condition of the streets.

In the department of Public Charities and Correction, attention is called to the steady diminution of inmates of the public institutions.

This is shown by the following table :—

	1860.	1861.	1862.
Paupers.....	4,688	4,077	3,486
Insane.....	754	805	765
Vagrants.....	1,839	1,993	1,461
Criminals.....	1,129	928	663
Total.....	8,410	7,803	6,383
1862, Paupers, decrease from 1860.....			1,202
1862, Paupers, decrease from 1861.....			591
1862, Insane, increase over 1860.....			11
1862, Insane, decrease from 1861.....			40
1862, Vagrants, decrease from 1860.....			376
1862, Vagrants, decrease from 1861.....			524
1862, Criminals, decrease from 1860.....			466
1862, Criminals, decrease from 1861.....			265
1862, Total decrease from all classes from 1860.....			2,027
1862, Total decrease from all classes from 1861.....			1,420

We hope, ere long to be able to record the fact that the sanitary interests of this great city have been secured by the passage of a Metropolitan Health Bill, that will commend itself to the hearty support of all parties. We commend the subject to the attention of the Legislature now in session.

THE LONG ISLAND COLLEGE HOSPITAL.

This institution, located at Brooklyn, begins its session for 1863, on the 12th of March. It has a very able corps of Professors, and offers to medical students excellent opportunities for procuring a good medical education. We are sorry that the term is so short—only sixteen weeks—allowing each professor but two weeks time in each session, to teach his branch. This fault, however, is not incident to this College, but belongs to all our medical schools, none of which give enough time to oral and demonstrative instruction.

The Faculty of the Long Island College Hospital numbers among its names, some of the most distinguished teachers in our country. They appear to be earnest in their efforts to establish a Medical School of the first order, which affords the means of instruction during the Spring and early Summer months.

Special attention is given to clinical instruction, the school being an appendage of a hospital affording students unusual opportunities of studying diseases at the bedside.

In the session of 1862, there were thirty-three matriculants, of whom eleven graduated.

Clinical reports, and cases from the Hospital are published through the pages of the REPORTER, and will give students some indication of the advantages offered by the College.

NOTES AND COMMENTS.

Health Officer in Brooklyn.—We are glad to be able to announce the appointment of a competent medical man at last, as a health officer, in one of our principal cities. Dr. LOUIS BAUER has been appointed Health Officer of Brooklyn, and has entered upon his duties.

This important office is more frequently given to civilians in return for political services rendered, rather than for any qualification the candidate may possess to fill it with benefit to the public. It is too important an office to be thus degraded.

Under Dr. BAUER's administration, we doubt not that the sanitary interests of the citizens of Brooklyn will be well cared for.

Western Pennsylvania Hospital for the Insane.—Pennsylvania has taken another step forward in the cause of humanity, in the recent opening of the new Western Pennsylvania Hospital for the Insane, at Dixmont (named in honor of Miss D. L. Dix,) near Pittsburgh. This institution, which, in its origin, plan and construction, is creditable to the State, and to the citizens of Pittsburgh, was formally opened for the reception of patients on the 14th of November last.

The total cost of buildings, apparatus, furniture, &c., has been about \$130,000, principally derived from State contributions, exclusive of about \$15,000, paid for the farms of 280 acres on which the Hospital is located, defrayed by individual beneficence.

The Hospital proper consists of a central building, 61 feet front by 130 feet deep, and four stories in height, arranged for the use of the officers, visitors, culinary departments, and with a chapel, 47 by 57 feet, store rooms, &c. On each side of this central building extends a wing 104 feet front by 38 feet deep and three stories in height, arranged with halls and dormitories for the use of the patients, each wing furnished with a building at the end, 45 feet front by 55 feet deep and four stories in height, parlors, dining rooms, &c., for the use of the patients.

The whole buildings are erected with brick walls, iron covered roofs and stairways of stone, and with a view to future extensions of the wings to accommodate in all 300 patients.

Dr. WM. A. REED is the Physician and Superintendent.

We would have been glad to have presented a more extended account of the above important institution, but cannot for want of space.

Parched Corn Meal.—Any one who has traveled over the western prairies is undoubtedly familiar with the article of food named at the head of this article. The mode of preparing it is to parch the corn, generally in an ash bath, reduce it to meal, and add a due proportion of sugar. Provided with this simple article of diet the Indians, hunters and trappers of the West, will travel hundreds of miles, a very small quantity in bulk sufficing for many days. It is, withal, exceedingly palatable, and is usually mixed in water when eaten.

This would be an excellent addition to the rations of our soldiers, taking the place of both flour and coffee. A small quantity of it will go a great ways, and its use would economize money, time, bulk, and weight, all considerations of importance, the three latter, especially so in rapid army movements.

Surgeon-General of New York.—Dr. JOHN V. P. QUACKENBUSH of Albany, has been appointed by his Excellency Governor SEYMOUR, to the office of Surgeon-General of New York.

Dr. QUACKENBUSH is a prominent physician, with energy, perseverance, and business habits. For several years past, he has acceptably filled the Professorship of Obstetrics in the Albany Medical College, a position which an unusually large obstetric practice eminently qualifies him to occupy. He enters upon his new duties with great zeal and a determination to do his whole duty.

Surgeon-General Hammond.—The Surgeon-General has gone West to visit the Western Armies,—which are certainly now in active service—and to look after the interests of the sick and wounded in that department.

The Surgeon-General is very active and efficient in the discharge of his duties.

Barbarous Treatment of Sick and Wounded men.—It is with the most pungent feeling of the disgrace which it brings on our country, that we make the following record. But the "truth of history" requires that it be made. The customs of all civilized nations exempt hospital tents or buildings from liability to attack from an enemy in war. Their precincts are regarded as neutral ground so far as hostile intrusion is concerned. Hitherto, during our unfortunate civil troubles, this humane custom has been in the main, not only strictly observed, but we have established the precedent of regarding surgeons and chaplains, while engaged in the discharge of their legitimate duties as exempt from capture and detention as prisoners of war.

In view of the above, we repeat that it is with pain that we publish the following instance of barbarity as an exception. Dr. H. R. WITZ, U. S. A., Medical Director of the 13th Army Corps, writes from Holly Springs, Miss., under date of Dec. 30th, to Gen. GRANT, as follows:—

SIR: I have the honor to report that I remained behind the advance of the army for the purpose of establishing a large General Hospital at Holly Springs. I took a building that had been built for an Armory by the Confederates, consisting of six large rooms, each 250 feet long and numerous outhouses, and after three weeks of incessant labor, in which I was greatly assisted by Surgeon POWERS, of the Seventh Missouri Infantry, I had everything prepared for 2,000.

The acting Medical Purveyor of the Southern portion of the Department had been ordered to

bring all his supplies to this hospital, which he did, and on the morning of the 20th of December one of the most completely finished and extensive hospitals in the army was ready to receive its sick.

On that morning the town of Holly Springs was taken by the Confederate forces under Gen. VAN DORN.

As soon as I discovered the enemy were in possession of the place, I repaired to the headquarters of the rebel General near the town, and made a formal request that the Armory Hospital should not be burnt, entering my solemn protest on the subject, as the Confederates had already set fire to the railroad depot and a commissary store-house, and had declared their intentions to destroy all houses occupied by our troops.

I received the assurance by Gen. VAN DORN's Adjutant, that the Armory Hospital should not be burnt, but that it would be protected by a guard. Satisfied with this, I returned to my quarters, but had not been there an hour when I was informed that the building was in flames; and thus this fine structure, with two thousand bunks, an immense lot of drugs and surgical apparatus, thousands of blankets, sheets and bedsacks, was soon in ashes.

This proceeding, in violation of an express promise, and of all rules of civilized warfare, is an evidence of the barbarity and want of principle in the Confederate officers. But this was not all. An attempt was made to destroy the General Hospital located on the main square, and which at the time contained over 500 sick.

A quantity of ordnance stores had been deposited in a building on the next block to the hospital, and by the order of Gen. VAN DORN, as stated by the officer who had charge of the matter, the barrels of powder and boxes containing shell and cartridges, were taken out and piled up nearly in front of the hospital and set fire to.

Two medical officers protested against this wanton act, but their requests were treated with contempt, and before there was time to remove the sick the walls and windows of the hospital were riddled with flying balls and shell, and finally a terrific explosion took place which shook the entire building, destroying almost every window and door in the establishment, wounding about twenty men, and creating a scene of the wildest confusion.

A large number of buildings on the public square took fire from the explosion, and it was only by the utmost efforts that the hospital was preserved as a shelter for the men in the night air.

Together with the medical officers who assisted me in caring for the sick and wounded on that trying day, I thought that the rebels had now done us all the harm in their power, but to injury insult was to be added in a manner I hope never to witness again. A rebel cavalry officer named BREWSTER, who stated he had been detailed by Gen. VAN DORN to "march off every sick man that had not been paroled," collected together, pistol in hand, about 150 sick soldiers, forced

them to rise from their beds and fall in line, threatening to shoot the medical officer who expostulated with him, and actually made the poor fellows, suffering from typhoid fever, pneumonia and diarrhoea, start with him on the road. The men fell down in the street and had to rise again for fear of being shot, when they were so weak that the slightest motion was agony. On being importuned if there was anything in the name of humanity that could be done to stop his brutal proceedings, he finally consented to let them alone on receiving a paper signed by all the Surgeons present, stating that the men were too sick to walk, and their removal was an impossibility.

CORRESPONDENCE.

CAUSE OF EPILEPSY.

1432 SOUTH PENN SQUARE, }
Philadelphia, Jan., 1863. }

MESSRS. EDITORS: My next item as a cause of Epilepsy, is *willfulness*. It may seem singular to some to find this enumerated as a cause of so severe a malady. But who does not know, physician or not, that willfulness has caused, *morally*, often something more to be deplored than epilepsy. It has separated husbands and wives, brothers and sisters, and deluged the world with anguish. It is in no small degree the cause of our present civil war. What is the will? What is willfulness?

Will is a faculty of the mind by which we do, or do not do, an action. Willfulness is obstinacy, stubbornness, perverseness. Though man be compounded of reason, judgment, and will, yet it often happens, that the latter, either swallows up, masters or controls both the former.

It is a very true saying, that, "life and death are in the power of the passions." This was an early discovery. *Hippocrates* wrote of it, and Galen, at the age of twenty-eight, when he formed rules of living for himself, which he strictly adhered to, during a very long life, incorporated this, as one of the most prominent among them, to wit, that "he would never allow himself to become angry; or, in the least discomposed, nor raise his hand in a passion against even a slave," and, he adds, "I beseech all persons not to degrade themselves to the level of the brutes by being led away by their passions." Happy would it have been, and to the credit of the medical profession had all its members been guided by the rule prescribed for himself by Galen; especially, may this be said, when we call to mind the fact that, no less a man than *John Hunter*, died

in a fit of passion, in St. George's Hospital, because the "Board of Managers" refused to comply with, or rather, rejected his plans.

It has been my fortune to see a number of epileptics in whom the malady was induced and perpetuated by willfulness. In my first letter, published in the *REPORTER* of April 26th 1862, on the "*Treatment of Epilepsy*," under the head, "*Govern the Mind*," I related a case, where no convulsions had occurred for three months—a long period in such a case, where they had taken place previously, once a week—and, where it was hoped, they would never again appear; yet, in which they were again induced by a fit of passion. Indeed, such cases are very readily accounted for upon the physiological laws of our being. The delicate connexion of the nervous system with that of the circulatory and respiratory; indeed with the whole animal economy; and the inexplicable, but certain influence which the body has over the mind, and the mind over the body, would naturally lead us to expect such results from ungoverned passion.

I have now under treatment a patient who freely admits that fits of passion for a long time preceded fits of epilepsy. In this case, it is true, some of the other causes, already named in these letters, combined to bring about this deplorable result. This patient was "a spoiled child," who never knew what it was to be subject to parental or any other authority. Early accustomed to extreme nervous irritability, and always indulged in it, and succumbed to by parents,

"The young disease, which must subdue at length,
Grew with his growth and strengthened with his strength."

The study of the nerves—nervous energy, or of the *nervous system*, is that of the highest department of animal physiology. Let any man, physician or not, examine their structure carefully, look into the functions of the nerves, and see what a governing power they possess over the whole body; how they control the movements of the muscles and the circulation of the blood; how necessary their influence to respiration and digestion, and how the mind derives sensation and perception, and holds communion with the external world through them, and he will not doubt the vast power which they exercise over all the other organs of the body and the controlling effect they have upon all the emotions and passions of the mind.

It is through the nerves, (as every physiologist

knows,) acting upon the muscles of the face, that the emotions and feelings of the heart and the thoughts of the mind are depicted on, and read in the countenance.

"There's a language that's mute, there's a silence that speaks;
There is something that cannot be told;
There are words that can only be read on the cheeks;
And thoughts but the eye can unfold."

No words are necessary to express emotions and passions. They are expressed by the muscles of the face moved by the nerves. Shakespeare says,

"I do believe thee; I saw his heart
In his face."

Sir Charles Bell, says "The man was wrong who found fault with nature for not placing a window before the heart, in order to render visible human thoughts and intentions. There is, in truth, provision made in the countenance and outward bearing for such discoveries."

The pathology and treatment of "nervous diseases afford the most interesting field for the study of nature. As already said, it involves the highest branch of physiology, of both body and mind. Nor, is there a man living, of ordinary powers, who has not read, about as plainly as words could state, the passions on the face.

Clarence, not alone might say to his murderer,—

"How deadly dost thou speak!
Your eyes do menace me: why look you pale!"

Look at *anger* unrestrained:—for the time being, the man is a brute. How he trembles! How his features change! How pale he is! the next moment how red,—the next, how black, livid! See his teeth, how set! His eye-balls, how red! How they roll! How horribly he talks!

Tasso has well described this passion in the rage of Argantes:—

"The pagan lord, to such affronts unused,
Bit both his lips, mouth's strangled orators;
He would have spoke, but only sounds confused
Broke forth, such sounds as when a lion roars;
Or, as when lightning clears the stormy doors
Of heaven, to rouse from its reluctant rest
The thunder growling as the tempest pours;
For every word, which he with pain expressed,
Escaped in tones as gruff from his infuriate breast."

It is well known that epileptic convulsions, distort and render peculiarly ugly the countenance of the patient. This has been generally supposed to be attributable to the contortion of the muscles so frequently by the convulsions. There is, doubtless, some foundation for this opinion. But, from considerable experience, in

such cases, I feel prepared to say, that in many of them, the distortion and peculiarly ugly and hateful appearance of the face is quite as attributable to ungoverned passion; as to the convulsions. There is a reciprocal action something like what we used to call in certain games, an old-fashioned *whip row*, passion, operating to cause the convulsions, and the convulsions combining with them to distort the countenance. I do not wonder that the Romans considered epilepsy as exhibiting the peculiar hatred of the gods. No marvel, that they considered an attack of the disease an ill-omen; and when it occurred in the forum, suspended all business for the day. Their name was very expressive, *morbus comitialis*.

If children were properly trained, and early taught to govern their tempers, there would be a vast diminution of epilepsy.

Within a week, a young man, an epileptic, was brought to my institution for treatment, whose *temper* caused the disease. When will such cases cease? In reasoning with him on the subject, he seemed wholly ignorant of their cause. He said he could keep his temper, but I soon had evidence that he was mistaken. In no case where epilepsy has been induced in this way, will it cease, but by removing the cause. When I come to speak of the treatment of this malady, more may be said about governing the passions.

WM. M. CORNELL, M.D.

OVARIAN TUMOR—SUCCESSFUL USE OF THE BROMIDE OF POTASSIUM.

Mrs. D., aged 47; has been married 13 years, has never been pregnant, good constitution and always healthy up to two years before this report begins, when she began to have a feeling of pressure like *prolapsus uteri*, and soon she discovered a tumor in the lower part of her abdomen, for which she was treated by different medical men, who diagnosed it an *ovarian tumor*.

The treatment of various kinds to which she was subjected for two years or more gave her no relief. On the contrary, the morbid growth continued steadily and somewhat rapidly to increase in size, and produced such a sense of weight in the abdomen that she was unable a part of the time to keep about house, and her size was such as to lead her lady friends to suspect her of pregnancy.

At this period, about two years after the discovery of the tumor, she visited this place for

the purpose of seeking medical advice, and I was requested to visit her, in company with my friend Dr. J. G. Fisher, of Sing Sing, in this county.

We found a tumor with three heads or divisions each about two-thirds the size of a child's head at birth, occupying the abdomen, and all apparently originating from one parent stem. The feel was hard and firm, yet moveable to a considerable extent in all directions. It was, perhaps ovarian in its origin.

The prescription, which in its results only lends any general interest to this case, was Bromide of Potassium, beginning with grs. iij. three times a day, gradually increased to grs. viij. given in compound syrup of sarsaparilla, with directions to continue it for one year without interruption, whether there was any improvement or not.

In about one year from the time of this prescription, she called on me again and informed me that she had strictly followed directions, and that within two months after beginning the use of the Bromide she began to feel better, and from that time onward she had been comparatively well; and even up to the present time, two and a half years from the time of my prescription, she is able to perform all the duties of a lady house-keeper with the greatest ease and comfort. The tumor had been gradually diminishing, and as she informs me by letter, it still continues to diminish, so that now no one would suspect from her appearance that she carried any thing abnormal about her. She still continues to take the medicine, except at occasional short intervals when I advise her to omit it. I am just now informed, however, that although she enjoys excellent health, she is somewhat emaciated. I shall advise, therefore, that the salt be discontinued altogether for a considerable time, that we may thus test more perfectly its effect, not only on the muscular tissue, but on the tumor as well.

P. STEWART, M.D.

Peekskill, N. Y., Nov. 20, 1862.

Hospital for the Insane burned.—On the morning of the 21st December, a large portion of the hospital for the insane, located at Brattleboro', Vermont, was destroyed by fire. The patients were all saved.

Statistics of Insanity in the United States.—According to the census of 1860, there were, in the United States, 23,593 free insane persons, and 406 slaves. Of this number 2,763 were in Pennsylvania.

ARMY AND NAVY NEWS.

CONGRESSIONAL.

Surgeons and Discharges from the Army.—

In the United States Senate on the 18th of December, a discussion took place, of which the following is an outline, on the bill to facilitate discharges from the army:

On motion of Mr. WILSON, of Massachusetts, the bill to facilitate the discharge of disabled soldiers from the army, and for the inspection of convalescent camps and the hospitals of the army, was taken up.

Mr. HALLE, of New Hampshire, moved to amend the first section, which provides for the appointment of two Medical Inspectors General and eight Medical Inspectors, by striking out that part which allows their selection from the Medical Corps of the army, or Surgeons in the volunteer service, which was agreed to.

Mr. FOSTER, of Connecticut, moved to strike out the words "under such regulations as may be hereafter established," in order that these men might be immediately discharged. He referred to the great difficulty in getting disabled men discharged from these hospitals. It took months to get a disabled man clear.

Mr. CLARKE, of New Hampshire, was in favor of the amendment. He feared that the bill did not go far enough in this respect. He had the greatest difficulty in getting men discharged who were utterly disabled, and many men could not get into the hospitals at all, unless some person went with them and insisted upon their admission; and there were Surgeons in hospitals not far from this city who were living upon the rations of soldiers and forfeiting their own.

Mr. GRIMES, of Iowa, said this was a bill to add more Inspectors and Generals to the incompetents already appointed. If the men already appointed were not proper for their duty, more of the same kind would do no good.

Mr. WILSON, of Massachusetts, supported the bill at some length, referring to the large number of men in the hospitals, and the necessity for a greater force to carry out these discharges properly.

Mr. FESSENDEN, of Maine, said: "We found all last session that the relief for all abuses in the army was increase of rank and pay, and especially in the Adjutant General's office. My friend from Massachusetts insists that these men cannot perform their duties unless they are all made Majors and Colonels. The trouble is that the man at the head does not see that his subordinates do their duty, and not that we have no proper laws. If he had a strong directing mind, which would control all under him, we would not have so many of these complaints. There is no difficulty in having incompetent officers discharged from the War Department. But the remedy is not to put on epaulets and increase their pay. He was tired of that mode of correcting abuses. The Brigadier Surgeon is compe-

tent to perform this duty, and he will do it no better if called Inspector-General. What we want is order, vigilance, and discipline, and not more Generals."

Mr. GRIMES referred to the case of a soldier who enlisted last November, and was taken to a hospital in Rhode Island, and the Surgeon could not discharge him because he had no descriptive papers; and on inquiry it was found that there was no record of his having ever been in the service at all, so that the trouble was not all in the Medical Bureau.

Mr. WILSON, of Massachusetts, claimed that a great deal of the trouble was owing to the inefficiency of the company officers in not making out the proper papers.

Mr. NESMITH, of Oregon, was opposed to the amendment of the Senator from Connecticut. He thought there was need of some rules to regulate these discharges; and, in an army where there were seven thousand Surgeons, there should be some persons in authority over them. He referred to a case where a man went to a Surgeon and asked for a certificate of discharge, and the Surgeon refused, telling him he was perfectly able to do duty in the field. The next day that man came back, and asked the Surgeon what he would charge for such a certificate. Thousands of men were discharged last winter upon importunities of members of Congress, and the army was silently decimated; and such would be the case, if this amendment was adopted.

Mr. FOSTER withdrew his amendment, and after some further discussion the bill was passed.

United States Senate, January 6.—Sick and Wounded Soldiers.—Mr. WILSON, of Massachusetts, introduced a bill to provide for the greater comfort of sick and wounded soldiers in the hospital, and to promote the efficiency of the Medical Department. The bill provides that the rations of the soldiers in hospitals be commuted at the rate of thirty cents a day, which shall be reckoned by the Commissary Department as a credit to the hospitals, to be expended in the same way as the hospital fund is under the present regulations.

House of Representatives, Jan. 7.—Homœopathy.—On motion of Mr. OLIN, of New York, the Committee on Military Affairs were discharged from the further consideration of certain petitions asking for the introduction of the Homœopathic system of medicine in the army.

Women Nurses.—The Surgeon General has approved, and the Senate Military Committee have before them, a measure designed to promote greater efficiency among, and a more careful selection of, female nurses in the army; also to encourage ladies to enter upon such duty as an honorable profession.

Inquiry into the Qualifications of Medical Officers.—Incompetents to be Discharged.—Headquarters Department of Virginia, Seventh

Army Corps, Fortress Monroe, Dec. 6, 1862.—Special Order, No. 182.—Pursuant to paragraph I, of General Orders, No. 35, of the War Department, and at the request of the Medical Director of this Department, a Board of Medical Officers is hereby appointed, to examine into the professional qualifications, physical ability, and moral character of such medical officers, commissioned and non-commissioned, in this Department, as the Medical Director may designate to appear before it.

Detail for the Board.—Surgeons J. V. Z. BLANEY, A. E. STOCKER, and Assistant Surgeon D. L. HUNTINGTON.

The Board will assemble at such times and places as the Medical Director may deem advisable.

By command of

MAJOR-GENERAL DIX.

WM. BARSTOW, Capt. & A. D. C.

Dr. GILBERT, Medical Director.

Medical Director's Office, Fort Monroe, Va., Dec. 28, 1862.—Sir: Special Order, No. 182, from Headquarters Department Virginia, constitutes Surgeon J. V. Z. BLANEY, U. S. V.; Surgeon A. E. STOCKER, U. S. V.; Assistant Surgeon D. L. HUNTINGTON, U. S. A., a board to examine into the professional qualifications, physical ability, and moral character of such medical officers as the Medical Director may designate to appear before it.

While many are discharging their responsible duties in a creditable manner, a few have obtained positions in the army without the proper qualifications. The well merited reputation of the efficient ought not to be compromised by the incompetent. The welfare of the sick and wounded and the best interests of the service demand that all such should promptly be removed. The Board will shortly be convened, and you are directed to forward to this office, without delay the names not only of such medical officers in your division as are incompetent, but those concerning whose abilities there exists a reasonable doubt.

R. H. GILBERT,

Surgeon and Medical Director.

To Surgeon D. W. HAND, Med. Director, Peck's Division, Suffolk, Va.

The Medical Department of the Eleventh Army Corps.—Under the judicious management of the newly appointed Medical Director, Dr. AUG. C. HAMLIN, the efficiency of the Medical Department has been greatly increased. It is but a month since he first assumed the position, and the reforms which have in that time been introduced, are as multitudinous as they were needed.

In all the various branches of the Medical Department a rigid system of discipline is thoroughly enforced, and more especially so in cases where officers make application to have their resignations approved on account of alleged sickness or disability.

These parties are now referred to a Board of Medical Inspection, and if a favorable report be

not made, the Director takes no notice of the application.

The Hospitals have all been so arranged, that everything that contributes to the comfort of the sufferer is at hand.

The Ambulance Corps, a most important branch, under the supervision of the Medical Director, comprises upwards of two hundred ambulances. For some time past, Captain ACKLEY, of the Twenty-seventh Pennsylvania, has had charge of the distribution and arrangement of all things connected with the ambulance corps.

As to the health of the men of General Sigel's command, it could not be better, as, on an average, there are not more than twenty sick men to a regiment, and many of these are but slightly indisposed.—*Philada. Inquirer.*

Medical Inspectors.—The following is a list of new Medical Inspectors provided for by the recent acts of Congress, nominated by the President, to the Senate:—JOS. K. BARNES, JOHN E. SUMNER, FRANK A. HAMILTON, PETER PINSO, GEORGE W. STIFF, A. C. HAMLIN, N. S. TOWNSEND and GEORGE K. JOHNSON.

Revoked.—By Special Order No. 409. Extract No. 7, so much of Special Order No. 265 as relates to the dismissal of Surgeon C. L. HUBBELL, of the Twelfth New York Volunteers, is revoked, as he was discharged the service by resignation previous to his being reported by the Surgeon-General for absence without leave—the offence for which he was dismissed.

NEWS AND MISCELLANY.

Philadelphia Academy of Natural Sciences.—

At the annual meeting of the Academy of Natural Sciences, held 30th December, 1862, the following officers were elected for the ensuing year:—

President—ISAAC LEA, LL. D.

Vice Presidents—ROBERT BRIDGES, M. D., WM. S. VAUX.

Corresponding Secretary—THOMAS STEWARDSON, M. D.

Recording Secretary—B. HOWARD RAND, M. D.

Librarian—J. DICKINSON SERGEANT.

Treasurer—WILLIAM C. HENSZEY.

Curators—JOSEPH LEIDY, M. D., WM. S. VAUX, JOHN CASSIN, J. D. SERGEANT.

Auditors—WM. S. VAUX, JOSEPH JEANES, AUBREY H. SMITH.

The Proposed Municipal Hospital in this City.—In pursuance of an ordinance to provide for the erection and management of a Municipal Hospital, approved by the Mayor on the 24th of November, 1862, a commission composed of the following named members, met in the Chamber

of the Select Council, at 10 o'clock A. M., Jan. 12th, 1863—JOHN B. BIDDLE, M. D., RENE LA-ROCHE, M. D., THOMAS STEWARDSON, M. D., WILLIAM SHIPPEN, M. D., ARTHUR HUGHES, MAHLON DICKERSON, JAMES MCCREA, M. D., WILLIAM H. KEICHLINE, JOHN M. MARIS, WILLIAM NEAL, HENRY HAINER. The commission organized by the election of JOHN B. BIDDLE, M. D., President, and WM. H. KEICHLINE, Secretary.

"*Que va à la chasse perd sa place.*"—This proverb has had a somewhat amusing literal fulfilment lately at Dolmabaktche. On Sunday, the Sultan was afflicted by an attack of severe toothache, and a messenger was accordingly despatched to summon M. ROUX, his Majesty's dentist, for the treatment of the imperial molar. The fashionable tooth-doctor was not to be found; he had gone *à la chasse*; and though mounted messengers beat him up for nearly three hours round all the "covers," from Baluky to far beyond Meslak, he was nowhere to be found. Chamberlains of high and low degree were at their wit's end, when the happy recollection struck somebody, that there was another knight of the forceps—unknown, indeed, to fame, but still professing the art and mystery of tooth-drawing, in a garret opposite Galata-Serai. A *fermi*! off went a mounted messenger for the man of science, and without time given him to make his neglected ablutions, or borrow an un-ragged surtout, the bewildered operator was whisked away to the palace. *Urgent, however, as was the need of his services, it was found necessary to subject him to a process of toilette before he could be ushered into the suffering presence. This was done as rapidly as half-a-dozen valets could perform it, and in a few minutes the offending grinder was extracted—fortunately without damage to the imperial jaw. The operation over, his Majesty questioned Mr. Z. as to his personal belongings, and finding that bad luck and short commons had been his lot for years past, resolved at once to force fortune into better humor on his behalf. Without hypercritical curiosity as to diplomas or other professional vouchers, he at once named him special dentist to himself, with a salary of 1600p. a month, an immediate *cadeau* of 150 liras, and an excellent house at Ortakent.

Moral.—Dentists (and doctors) should always be found at the post of duty.

Suicide of a Physician.—On the 12th inst., a coroner's inquest was held in New York on the body of Dr. HAMILTON H. MEARS, which was found in a partially decomposed state, in his room at a boarding-house. He seems to have committed suicide by taking morphia. The cause is unknown. He was about thirty years of age, in good and regular standing in his profession, and a consistent member, so far as known, of a Christian Church. He was recently connected with the Central Park Soldier's Hospital. The

fatal act seems to have been committed on the night of the 8th.

Cost of Intoxicating Drinks in Great Britain.

—Most visitors to the great metropolis have seen the monument which is situated close to the north end of London Bridge. It is 200 feet in height, and one of the most imposing objects visible from the river. This monument will enable us to gauge our national expenditure on intoxicating drinks. Mr. G. R. PORTER, of the Board of Trade, computed that these drinks cost us £75,000,000 annually. Had we this enormous sum of money in £5 notes, we could make twelve piles as high as the monument, at the rate of £1,500 for every inch. Few persons who cross London Bridge, and view the summit of the monument, are aware of this remarkable fact; if they were, they would surely take care their money was spent in a wiser manner.

In hospital.—The number of sick and wounded in the hospitals in Washington, Georgetown and Alexandria, on January 16, was 9,959—a less number than for over a year past. There were 4,581 vacant beds in the hospitals. One hundred and eighty-six medical officers are on duty in the hospitals in that vicinity.

Answers to Correspondents.

Dr. G. W. R., Michigan.—We can send you a pocket case of surgical instruments for \$12. Skeletons are worth \$25. Mott's Surgical Clinics, \$1.

Dr. D. C., Indiana.—We have sent you, per Howard and Co's Express, Bedford's Obstetrics and Diseases of Women and Children. The balance in your favor is \$2, which pays for eight months of the *EXPORTER*, ending in August '63.

DEATH OF JACOB HARSEN, M. D.

A special meeting of the New York Academy of Medicine was held on Saturday, Jan. 3, 1863, to take action in reference to the death of JACOB HARSEN, M. D.; Dr. JAS. ANDERSON, President, officiating. The President appointed Drs. J. G. ADAMS, GORDON BUCK and BENJ. OGDEN a Committee to draft resolution suitable to the occasion. Whereupon the following resolutions were presented and duly adopted:

Whereas, It has pleased the Great Disposer of human events in his inscrutable Providence to remove from us by death our late fellow, JACOB HARSEN, M. D., in the prime of life and in the full tide of useful labor; therefore,

Resolved, That in the decease of Dr. HARSEN this Academy mourns the loss of an honored fellow, and this community of a great public benefactor. Blessed by a kind Providence with large wealth inherited from his ancestors, he dispensed it with a liberal hand in the promotion of the great interests of science and humanity. To raise the fallen, to succor the wounded and distressed, to minister to the neglected, to visit the forsaken, to remember the forgotten, was the peaceful and pleasant mission of his daily life. His native City will long cherish the memory of one of her most worthy sons, while the remembrance of his distinguished philanthropy, his whole-souled benevolence, his unostentatious charity, will enshrine him in the hearts of the profession of which he was an honored member.

Resolved, That this Academy most sincerely sympathizes with his afflicted relatives and large circle of devoted friends, in this great bereavement.

Resolved, That, as mourners, we will in a body attend his funeral.

Resolved, That our Secretary be requested to transmit to the relatives of the deceased a copy of the resolutions.

(Signed,) J. G. ADAMS, M. D.,
G. BUCK, M. D.,
B. OGDEN, M. D.

New York, Jan. 3d, 1863.

On motion of Dr. J. GREENE, the foregoing preamble and resolutions were ordered to be published.

JOHN H. HINTON, M. D., Secretary.

MARRIED.

BUCHANAN—BOOTH.—On the 3d, inst., by Rev. George C. Arnold, Wm. F. Buchanan, M. D., U. S. A., and Miss Mary S. eldest daughter of Mr. John Booth, all of Philadelphia.

KEFFER—HARDY.—On the evening of the 24th ult., by the Rev. W. Kenny, Fredrick A. Keffer and Jennie Lee, eldest daughter of Charles Hardy, Esq., all of this city.

ZANTZINGER—CLARK.—On the 8th inst., at St. Luke's Church by the Rev. Dr. Muhlenberg, Dr. Alfred Zantzinger, and Sarah C., daughter of the late E. W. Clark, Esq.

PROVOST—HAVILAND.—On Wednesday, Dec. 24th, at the residence of the bride's father, by Rev. Robert Aikman, Dr. D. E. Provost of Sing Sing, and Miss Sarah O., daughter of Luke Haviland, Esq., of New York.

DIED.

BUDD.—In New York, Jan. 3d, Bera Wheeler Budd, M. D., in the 70th year of his age. Dr. Budd has three sons in the medical profession, viz.: Drs. Reynolds, Bera L. and Charles A. Budd.

FRARY.—In Hudson, N. Y., 20th ult., Dr. R. G. Frary, in the 70th year of his age.

GILLINGHAM.—In this city, on the 9th instant, William H. Gillingham, M. D.

GORDEN.—At Caldera, Chili, Sept. 20th, after a protracted illness, Dr. James B. Gordon, of California, late Consul at Valparaiso. [California papers please copy.]

MANSON.—In this city, on the 9th inst., after a lingering illness, Dr. George W. Manson, in the 43d year of his age.

PILE.—At St. Simon's Island on the coast of Georgia, Dec. 23d, Dr. Charles H. Pile, U. S. N., in the 24th year of his age.

Dr. Pile was a graduate of the University of Pennsylvania, and for some time held the post of Assistant Resident Physician in the Philadelphia Dispensary.

His commission dates from May 1861, since which time he has served with credit on the sloop-of-war St. Louis the steamer Water Witch, and the steam gunboat Paul Jones.

STEPHENS.—In Hamilton, Pa., Dec. 16th, Caroline S., wife of H. B. Stephens, M. D., aged 26.

SMITH.—In this city, on Saturday, Dec. 27th, after a protracted illness, Dr. S. Richard Smith, in the 53d year of his age.

HARSEN.—In New York, on Wednesday evening, Dec. 31st, Jacob Harsen, M. D.

FITZPATRICK.—On Tuesday, Dec. 30th, at the residence of his father, No. 31 Franklin av., Brooklyn, L. I., Dr. Geo. A. Fitzpatrick, in the 26th year of his age.

Vital Statistics.

Of PHILADELPHIA, for the week ending Jan. 3, 1863.

Deaths—Males, 139; Females, 95; boys, 53; girls, 49. Total, 235. Adults, 132; children, 103. Under two years of age, 53. Natives, 137; Foreign, 47. People of color, 8.

Deaths in the U. S. Army Hospitals, 40.

Among the causes of death, we notice—Apoplexy, 3; convulsions, 13; croup, 7; cholera infantum, 0; cholera morbus, 0; consumption, 29; diphtheria, 5; diarrhoea and dysentery, 20; dropsy of head, 3; debility, 9; scarlet fever, 4; typhus and typhoid fevers, 5; inflammation of brain, 6; of bowels, 3; of lungs, 15; bronchitis, 5; congestion of brain, 7; of lungs, 2; erysipelas, 1; hooping-cough, 17; marasmus, 2; small-pox, 0.

For week ending January 4, 1862.....278

For week ending December 27, 1862.....293

Population of Philadelphia, by the census of 1860, 568,034.

Mortality, 1 in 2417.

Of PHILADELPHIA, for the week ending Jan. 10, 1863.

Deaths—Males, 144; females, 104; boys, 63; girls, 31. Total 243. Adults, 134; children, 114. Under two years of age, 64. Natives, 170; Foreign, 53. People of color, 11.

Deaths in the United States Army Hospitals, 19.

Among the causes of death, we notice—Apoplexy, 1; convulsions, 10; croup, 9; cholera infantum, 0; cholera morbus, 0; consumption, 39; diphtheria, 10; diarrhoea and dysentery, 7; dropsy of head, 4; debility, 13; scarlet fever, 5; typhus and typhoid fevers, 10; inflammation of brain, 3; of bowels, 3; of lungs, 15; bronchitis, 1; congestion of brain, 5; of lungs, 4; erysipelas, 0; hooping-cough, 2; marasmus, 6; small-pox, 2.

For week ending January, 11 1863.....253.

For week ending January, 3 1863.....228.

Population of Philadelphia, by the census of 1860, 568,034.

Mortality, 1 in 2289.

Of NEW YORK, for the week ending Dec. 29, 1862.

Deaths—Males, 172; females, 196; boys, 93; girls, 104. Total, 365. Adults, 66; children, 199. Under two years of age, 136. Natives, 234; Foreign, 134; Colored, 4.

Among the causes of death, we notice—Apoplexy, 4; infantile convulsions, 24; croup, 22; diphtheria, 22; scarlet fever, 12; typhus and typhoid fevers, 17; cholera infantum, 0; cholera morbus, 0; consumption, 54; small-pox, 1; dropsy of head, 9; infantile marasmus, 11; diarrhoea and dysentery, 3; inflammation of brain, 8; of bowels, 6; of lungs, 28; bronchitis, 14; congestion of brain, 5; of lungs, 4; erysipelas, 3; hooping-cough, 0; measles, 2; 209 deaths occurred from acute disease, and 40 from violent causes.

Population of New York, by the census of 1860, 814,277.

Mortality, 1 in 2213.

Of New York, for the week ending Jan. 5, 1863.

Deaths—Males, 170; females, 150; boys, 104; girls, 73. Total, 320. Adults, 143; children, 177. Under two years of age, 100. Natives, 225; Foreign, 95; Colored, 2.

Among the causes of death, we notice—Apoplexy, 3; infantile convulsions, 22; croup, 25; diphtheria, 15; scarlet fever, 21; typhus and typhoid fevers, 8; cholera infantum, 2; cholera morbus, 0; consumption, 45; small-pox, 2; dropsy of head, 11; infantile marasmus, 13; diarrhoea and dysentery, 6; inflammation of brain, 10; of bowels, 7; of lungs, 23; bronchitis, 5; congestion of brain, 5; of lungs, 5; erysipelas, 2; hooping-cough, 0; measles, 4; 180 deaths occurred from acute disease, and 40 from violent causes.

Population of New York, by the census of 1860, 814,277.

Mortality, 1 in 2544.

Of BOSTON, for the week ending Dec. 27, 1862.

Deaths—Males, 43; females, 37. Total, 80. Natives, 49; Foreign, 31.

Among the causes of death, we notice—Phthisis, 12; cholera infantum, 0; croup, 7; scarlet fever, 3; pneumonia, 5; variola, 0; dysentery, 0; typhus fever, 2; diphtheria, 1; hooping-cough, 0; convulsions, 3.

Population of Boston, 1860, 177,902. Average corrected to increased population, 82.91. Mortality, 1 in 2224.

Of BOSTON, for the week ending Jan. 3, 1863.

Deaths—Males, 40; females, 43. Total, 83. Natives, 57; Foreign, 26.

Among the causes of death, we notice—Phthisis, 14; cholera infantum, 0; croup, 4; scarlet fever, 6; pneumonia, 7; variola, 0; dysentery, 0; typhoid fever, 2; diphtheria, 1; hooping-cough, 0; convulsions, 2.

Population of Boston, 1860, 177,902. Average corrected to increased population, 86.83. Mortality, 1 in 2143.

Of PROVIDENCE, R. I., for the month of Dec., 1862.

Deaths—Males, 45; females, 40. Total, 85.

Among the causes of death, we notice—Apoplexy, 2; disease of brain, 3; consumption, 27; croup, 2; diphtheria, 2; typhoid fever, 4; disease of heart, 3; old age, 4; pneumonia, 6; scarlatina, 2.

In addition, 5 still-born were reported. The population of Providence in 1860, was 50,066, which gives 1 death in 596 for the month.

NOTICES.

MEDICAL SOCIETY—NEW JERSEY.

The 97th Annual Meeting of the Medical Society of the State of New Jersey will be held on the fourth Tuesday, (the 27th) of January, at Jersey City, at 7 o'clock P. M.

Delegates are required to produce their credentials.

Arrangements have been made for the accommodation of all who attend the meeting, at Noah Taylor's Hotel, next to, and south of the Jersey Ferry.

The Tuesday evening meeting will be held at the same place.

WM. PIERSON,
Rec. Sec. of M. S. of N. J.

MEDICAL SOCIETY—NEW YORK.

The 56th Annual Meeting of the Medical Society of the State of New York will be held pursuant to statute, in the City of Albany on Tuesday, Feb. 3d, 1863. The meeting will be continued on the 4th, 5th and 6th.

Punctual attendance is requested.
SYLVESTER D. WILLARD,
Secretary.